

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

38-62-003053

STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 38

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Sedalia</i>		c. CITY OR TOWN <i>atterville</i>	
Length of stay in 1b <i>1 mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Sedalia Rest Home</i>		d. STREET ADDRESS (If outside, give location) <i>✓</i>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>NESTER BURTON SHULTS</i>			4. DATE OF DEATH Month Day Year <i>Jan 24, 1962</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 7, 1888</i>	9. AGE (last birthday) <i>73</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>		
11. BIRTHPLACE (City and state or country) <i>Lyons, Mo</i>			12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Albert Shults</i>			13b. MOTHER'S MAIDEN NAME <i>Cornelia Sparks</i>		
14. NAME OF HUSBAND OR WIFE <i>Mary Belle Shults</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		
16. SOCIAL SECURITY NO. <i>[redacted]</i>			17. INFORMANT <i>Lillian Shults, Jefferson City, Mo</i>		

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatous</i> DUE TO (b) <i>Carcinoma Prostate Gland.</i> DUE TO (c) <i>1 yr.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>8-10-60</i> to <i>1-24-62</i> and last saw him alive on <i>1-24-62</i> Death occurred at <i>6:00 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) <i>DO</i>	22b. ADDRESS <i>Woodland Bldg, Sedalia</i>	22c. DATE SIGNED <i>1/26/62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Jan 26, 1962</i>		23b. DATE <i>Jan 26, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>I.O.O.F Ceme</i>
23d. LOCATION (City, town, or county) <i>atterville, Mo</i>		(State) <i>Mo</i>	
24. FUNERAL DIRECTOR <i>Larry Painter, atterville, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-26-1962</i>	
26. REGISTRAR'S SIGNATURE <i>Louise Shelby</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry J. Cantlon

Licensed Embalmer No. 5153

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.